UNITE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	REPRESENTAT	IVES	FORM A Page 0 of 0 For use by Members, officers, and emph 950	Page 0 of 0	) DELIVERE	
	Colleen Hanabusa	anabusa		202-225	LEGISLATIVE	LEGISLATIVI RESOURCE CENTER	
:	(Full Name)	lame)		(Daytime Te	ephone) COLZ MAY	(Daytime Telephone) (Districte Lisse Only)	7
	Member of the U.S.	State: HI	O	Employ	U.S. HOUSE	≜ \$200 penalty shall	
Status	House of Representatives	es District: 01	<u> </u>	Employee	1 2	be assessed against anyone who files	
Report	)			Termination Date:		more than 30 days	
Туре	( Annual (May 15)	Amendment	Termination	סח		late.	
PRELIM	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	NSWER EACH OF	THESE QU				
Did you I. or more	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?		Yes No U	Did you, your spouse, or a dependent ch VI. the reporting period (i.e., aggregating mo exempt)?	a dependent child receive any reportable gift in aggregating more than \$350 and not otherwise	gift in Yes No 🗸	
If yes, o	If yes, complete and attach Schedule I.			If yes, complete and attach Schedule VI.	ile VI.		
II. you for a	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	o charity in lieu of paying ing period? Yes		Did you, your spouse, or a dependent ch VII. reimbursements for travel in the reportin from one source)?	dependent child receive any reportable travel or in the reporting period (worth more than \$350)	n \$350 Yes 🕢 No 🗌	
Did you,	Did you, your spouse, or a dependent child receive "unearned" income of more than \$300 in the port and of or hold any reportable asset worth	<b>V</b>	]	Did you hold any reportable positions on or bet	ble positions on or before the date of filing in the	<b>S</b>	
	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	-	<b>3</b>	If yes, complete and attach Schedule VIII.	ile VIII.	•	
V. reportab	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	ny Yes	□ 8 <b>&lt;</b>	Did you have any reportable agreement o IX. entity?	ole agreement or arrangement with an outside	rtside Yes 🗌 No 🗹	
If yes, o	If yes, complete and attach Schedule IV.			If yes, complete and attach Schedule IX	le IX.		
V. {more th	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	reportable liability  Yes	<b>8</b> □	Each question in this part m	ust be answered a	this part must be answered and the appropriate	
If yes, c	If yes, complete and attach Schedule V.			schedule attached for each "	for each "Yes" response.		
EXCLUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	DENT, OR TRUST I	NFORMAT		EACH OF THESE QUESTIONS	TIONS	. •
Trusts-	·	d Blind Trusts" approved by ded from this report details o	the Committee of such a trust	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	l trusts" need not be dent child?	Yes 🗌 No 🔀	
Exem	Exemptions— Have you excluded from the	is report any other assets, "us tests for exemption? Do no	inearned" inco ot answer "yes"	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	use or dependent chil the Committee on Ethi	d	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding so non SCHEDULE I - EARNED INCOME Name Colleen Hanabusa

\$1,000.		
Source	Туре	Amount
State of Hawaii Employee Retirement	Spouse's Retirement	N/A
State of Hawaii Employee Retirement	Retirement	N/A

Name Colleen Hanabusa

		Naille Concern	100000		
$\left[ \right]$	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
Assidentify (a) escivalue exceedin reportable assi	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k) plans or IRAs), you may check the	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in
Provide complete For all IRAs and (i.e.,plans in white investments), pre- reporting thresholds the name of reporting period.	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Poly Risk Agents
For rental or ot	For rental or other real property held for investment, provide a complete address.			•	
For an ownership in state the name of the location in Block A.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there w \$5,000 or less i in, or income d Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				
ff you so choos spouse (SP) or optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
SP	Central Pacific Bank Acount Honolulu HI	\$500,001 - \$1,000,000	INTEREST	\$1,001 - \$2,500	
JT	Central Pacific Checking Account, Honolulu, HI	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Central Pacific Savings Account, Honolulu, HI	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	First Hawaiian Bank Account, HI IRA Money Market	\$100,001 - \$250,000	INTEREST	NONE	
SP	First Hawaiian Bank Checking Account, Honolulu, HI	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	First Hawaiian Bank Savings- cash- Honolulu, HI	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Colleen Hanabusa	Hanabusa		
SP	First Hawaiian Bank SEP/IRA Money Market, Honolulu, HI	\$15,001 - \$50,000	None	NONE	
	Hanabusa Limited Partnership, Land: 85-915 Farrington Hwy, Waianae, Hawaii	\$15,001 - \$50,000	None	NONE	
	Hanabusa Limited Partnership, Land:85-909 Farrington Hwy, Waianae, HI	\$15,001 - \$50,000	None	NONE	
	Hanabusa Limited Partnership, Land:85-923 Farrington Hwy	\$15,001 - \$50,000	None	NONE	,
	Lenakona Development Ltd. Class A&B stock - closed corp	\$15,001 - \$50,000	None	NONE	
မှ	Pueo Enterprises LLC (truck/Equipment and real estate rentals) Honolulu, HI	\$250,001 - \$500,000	RENT	\$100,001 - \$1,000,000	
Sp	Pueo Enterprises LLC 92-414 Farrington Hwy, Kapolei, HI	\$250,001 - \$500,000	None	NONE	
SP	Pueo Trucking, LLC Honolulu, HI	\$250,001 - \$500,000	Note Receivable	\$100,001 - \$1,000,000	

### **SCHEDULE V - LIABILITIES**

Name Colleen Hanabusa

amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on personal residences. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest

SP,	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
ΤΓ	Central Pacific Bank of Hawaii	11-01-2011	Mortgage on Honolulu, HI Residence	\$500,001 - \$1,000,000
TL	Central Pacific Bank of Hawaii	2-25-2011	Mortgage on Ko'Olina, HI Residence (Paid off 9/2011)	\$250,001 - \$500,000

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Colleen Hanabusa

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

					inclusive	Conference
None	Z	<b>Y</b>	Z	DC-New York-DC	May 6,	New American Leaders
expense	(Y/N)	(Y/N)	(Y/N)	DestinationPoint of Return	Date(s)	Source
sponsor's	j?     Food?     Member Included?	Food?	Lodging?	Point of Departure		
Days not at	Was a Family					

## **SCHEDULE VIII - POSITIONS**

Name Colleen Hanabusa

representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
Limited Partner	Hanabusa Limited Partnership
President/Director	Hanabusa, Inc (Managing Entity-Hanabusa Limited Partnership - uncompensated)
Board of Councilors	U.SJapan Council